Required to terminate reporting

obligations

Political Committee REPORT OF RECEIPTS AND DISBURSEMEN	TS	
Initiative Monthly Report		ECEIVER
Name of Committee Better Schools Better Jobs		MAY 0 8 2015
Address 599-C Steed Road		Campaign Finance
Telephone 601-898-8875 Fax 601-898-2983		Secretary of State
Director Treasurer Charles Lindsay		de consecutivos de consecutivo
Check here if above is different from previous report		
April, 2015 Monthly Report (due 10 th of following Month)		Mandatory
(Month)		

IMPORTANT

(1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.

Termination Report (Committee or Individual will no longer accept contributions or

make expenditures and has no outstanding campaign debt obligation)

- An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$427,600.00 + \$ -0-	\$ 427,600.00	\$ 953,000.00
Total amount of disbursements	\$119,415.57 + \$ -0-	\$ 119,415.57	\$ 551,042.06
Total amount of cash on hand		\$ 401,957.94	
I certify that I have examined the	r Treasurer	nowledge and belief it is to	rue, accurate, and complete.

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

Political Committees and Individuals should return this form to Secretary of State, Elections Division P. O. Box 136 Jackson, MS 39205 Or fax to 601-576-2545

through April 30, 2015

A. Full name	Date	Amount of each
Sloan Toler	(Mo., Day, Year)	disbursement this period
Mailing Address		
4055 Eastwood	4 / 10 / 15	\$ 266.30
City, State, Zip Code		
Jackson, MS 39211		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 511.02
B. Full name	Date	Amount of each
Amber Thomas	(Mo., Day, Year)	disbursement this period
Mailing Address	4 .0 .15	
1522 Luter Lane	4 / 9 / 15	\$ 94.50
City, State, Zip Code	4 . 24 . 15	
Jsvkdon, MD 39209	4 / 24 / 15	\$ 80.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 246.30
C. Full name	Date	Amount of each
Office Depot	(Mo., Day, Year)	disbursement this period
Mailing Address	4 4 4	0
1053 E. County Line Road	4 / 1 / 15	\$ 117.28
City, State, Zip Code	4 , 24 , 15	0
Jackson, MS 39211	4 / 24 / 15	\$ 76.36
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 402.80
D. Full name	Date	Amount of each
Arnold and Porter	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 20 / 15	\$ 1,656.00
P. O. Box 759451	1 - 1 - 20 1 - 10	\$ 1,656.00
City, State, Zip Code	, ,	
Baltimore, MD 21225	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,566.80
E. Full name	Date	Amount of each
Blue Labs	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 20 / 15	£ 20,000,00
700 14th Street	4 / 20 / 15	\$ 30,000.00
City, State, Zip Code		\$
Washington, DC 20005		Ψ
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30,000.00
F. Full name	Date	Amount of each
Charles Taylor	(Mo., Day, Year)	disbursement this period
Mailing Address	4 ,2 ,15	\$ 164.93
4403 Azalea Drive	4 / 2 / 15	\$ 164.93
City, State, Zip Code	, ,	•
Jackson, MS 39206		\$
Purpose of Disbursement (Optional)	Aggregate	\$ 586.94

through April 30, 2015

A. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	121	\$
City, State, Zip Code	THE RESERVE THE PROPERTY OF THE PARTY OF THE	
nî.,	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date	Amount of each
VBR Design	(Mo., Day, Year)	disbursement this period
Mailing Address		
216 Highland Garrison	4 / 10 / 15	\$ 500.00
City, State, Zip Code		AND THE CONTRACT OF THE CONTRA
Ridgeland, MS 39157	4 / 27 / 15	\$ 575.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,575.00
C. Full name	Date	Amount of each
Earl Watkins	(Mo., Day, Year)	disbursement this period
Mailing Address		
145 Carpenter Drive	4 / 15 / 15	\$ 2,000.00
City, State, Zip Code		
Jackson, MS 39212		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
D. Full name	Date	Amount of each
Performance Pros	(Mo., Day, Year)	disbursement this period
Mailing Address		_
16 North Town Square, #102	4 / 1 / 15	\$ 200.00
City, State, Zip Code		
Jackson, MS 39216	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 755.54
E. Full name	Date	Amount of each
Drew Schimmel	(Mo., Day, Year)	disbursement this period
Mailing Address	4 . 1 . 15	
249 Eastbrooke Street	4 / 1 / 15	\$ 225.35
City, State, Zip Code		4
Jackson, MS 39216		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,126.06
F. Full name	Date	Amount of each
Donald Simmons	(Mo., Day, Year)	disbursement this period
Mailing Address		The second secon
4705 N. 175th Street	4 / 13 / 15	\$ 500.00
City, State, Zip Code		0
Omaha, NE 68116	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00

through April 30, 2015

A. Full name	Date	Amount of each
JURU, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 10 / 15	\$ 1,947.41
P. O. Box 13836		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code	/	s
Jackson, MS 39235		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,142.54
B. Full name	Date	Amount of each
Signs First	(Mo., Day, Year)	disbursement this period
Malling Address	4 / 10 / 15	£ 2000.00
5020 Highway 80 East	4 / 10 / 15	\$ 2,000.00
City, State, Zip Code	4 , 14 , 15	0
Pearl, MS 39208	4 / 14 / 15	\$ 549.66
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ (cont'd)
C. Full name	Date	Amount of each
Signs First (continued)	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 14 / 15	\$ 500.00
City, State, Zip Code	4 / 27 / 15	\$ 1,059.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,108.96
D. Full name	Date	Amount of each
Blake Case	(Mo., Day, Year)	disbursement this period
Mailing Address	4 /10 /15	\$ 902.70
146 Belaire Drive	4 / 10 / 15	\$ 902.70
City, State, Zip Code	4 / 24 / 15	Ø 434337
Pearl, MS 39208	4 / 24 / 15	\$ 1,343.37
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,246.07
E. Full name	Date	Amount of each
Ricoh	(Mo., Day, Year)	disbursement this period
Malling Address	4 , 14 , 15	
386-A Highland Colony Parkway	4 / 14 / 15	\$ 290.25
City, State, Zip Code	4 , 27 , 15	© 405.30
Ridgeland, MS 39157	4 / 27 / 15	\$ 485.39
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,984.11
F. Full name	Date	Amount of each
Petty Cash	(Mo., Day, Year)	disbursement this period
Mailing Address	AND THE RESIDENCE OF THE PARTY	
2 Old River Place	4 / 24 / 15	\$ 500.00
City, State, Zip Code		
Jackson, MS 39202	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00

through April 30, 2015

A. Full name	Date	Amount of each
CSpire	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 27 / 15	\$ 380.60
5260 I-55 North		
City, State, Zip Code	1 1	\$
Jackson, MS 39211		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,522.40
B. Full name	Date	Amount of each
Fortification East, LLC	(Mo., Day, Year)	disbursement this period
Mailing Address	4 , 27 , 15	
388 Highland Colony Parkway	4 / 27 / 15	\$ 274.48
City, State, Zip Code	4 . 20 . 15	
Ridgeland, MS 39157	4 / 30 / 15	\$ 2,154.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,970.64
C. Full name	Date	Amount of each
Wholesale Service Center	(Mo., Day, Year)	disbursement this period
Mailing Address	4 / 20 / 15	\$ 60.92
7300 Turfway Drive		
City, State, Zip Code	4 / 29 / 15	\$ 69,875.89
Florence, KY 41042		05,075.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 239,786.91
D. Full name	Date	Amount of each
Comcast	(Mo., Day, Year)	disbursement this period
Mailing Address	4 , 27 , 15	B
5355 I-55 North	4 / 27 / 15	\$ 225.48
City, State, Zip Code		_
Jackson, MS 39206	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,065.63
E. Full name	Date	Amount of each
Matthews, Cutrer	(Mo., Day, Year)	disbursement this period
Mailing Address		_
599-C Steed Road	4 / 27 / 15	\$ 410.00
City, State, Zip Code		
Ridgeland, MS 39157	//	\$
Purpose of Disbursement (Optional)	Aggregate	0
	Year-to-date	\$ 875.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Page	1	of	1
1 age		UI	-

Name of Candidate or Committ	Better Schools Better Jobs	
Reporting period April 1, 2015	through	April 30,2015
	EMIZED	DECEIDTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4 / 10 / 15	
Dr. Selika Sweet	<u> 4</u> <u> 10</u> <u> 15</u>	\$ 100.00
Mailing Address		\$
670 Country Place Drive	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ψ]
City, State, Zip Code		\$
Pearl, MS 39208	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ψ
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4 / 15 / 15	
New Venture Fund	<u>H</u> /	\$ 427,500.00
Mailing Address		6
1201 Connecticut Avenue, N.W.		\$
City, State, Zip Code		
Washington, D.C. 20036		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 712,500.00
	vear-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) / / / / / /	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
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Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) / / / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$